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## IMPORTANT NOTICE!

All Scientific Papers submitted for Publication must be Typewritten.

Notify the office promptly of any change of address, in order that mailing list and addresses in the Register may be corrected.

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## EDITORIAL NOTES.

### A CORRECTION.

There is some particular lieutenant of the Evil One who is specially deputed to get into the typesetting machine, at times, and thus "make it interesting" for him who is unfortunate enough to have charge of things that are printed. This sigh is directly due to a very stupid mistake that occurred in one of the editorial notes last month, and which we now wish to correct. In commending to all County Medical Societies the distribution of the pamphlet reprints of Collier's articles on the Great American Fraud, collected in reprint form by the American Medical Association, we urged that every County Medical Society purchase a supply and see that copies were placed in the hands of influential laymen. These reprints are sold by the Association for 10 cents each, postage paid; or 50 for \$2.00, carriage extra. Unfortunately, the statement appeared last month that copies were for sale at \$2.00 each; quite a difference! Several members have written to the office asking whether we think county societies are made up of millionaires, and the criticism is warranted. It would be somewhat presumptuous to ask the societies to spend \$100.00 for this purpose, but \$2.00 is different. Any county society ought to be able to afford the small sum of \$2.00 for such an excellent purpose. Send to the A. M. A., 103 Dearborn avenue, Chicago, for 50 pamphlets of the Great American Fraud, and put them where they will do the most good.

The Pure Food Commission of the State Society, the creation of which was authorized at the last meeting, has organized and begun its work in a very energetic manner. The chairman is Dr.

Fitch C. E. Mattison, and the secretary is Dr. George Kress, both of whom may be addressed at the Stowell Building, Pasadena, California. In the last issue of the JOURNAL we published an outline of the plan of this commission and of its proposed work. Certainly no more important task presents itself to the physician who is cognizant of the filthy and disgraceful condition of our milk supply, than this phase of the work of the Commission. It should receive the hearty support not alone of every County Medical Society, but of every member of the Society and of every physician in the state. The state spends many thousands of dollars in discovering and applying methods for killing fruit pests, but allows thousands of its children to be killed off by the uncontrolled greed of dairymen. We place the value of human life far below that of a few orange or peach trees, and our highly intelligent legislators express unbounded surprise when we, as medical men, go to them and ask that they enact some law for the protection of the lives or health of the citizens of the state. With the work of the Commission, however, must go other work, no less important; the work of educating the people to understand and know just what they are doing when they permit such things as a skimmed milk supply, or allow dairymen to furnish milk with a bacterial content of two or three million germs to the cubic centimeter. It is merely applying the principle of the Pure Food and Drugs Act; "Let the Label Tell." If two samples of milk were offered the purchaser, one labeled to contain 10,000 bacilli per cc, and the other 2,000,000, who, do you suppose, would buy the latter? But we can not label the milk; so the best thing to do is to prevent the sale of a dangerous output from a filthy dairy.

The Fifty-eighth Annual Meeting of the American Medical Association, at Atlantic City, has come and gone, and in many ways it was the most remarkable meeting ever held by the Association. The attendance was good—some 3,700—and the various programs could hardly be bettered. The House of Delegates met promptly on Monday morning, and during the session transacted more business in much less time than ever before. One of the most striking things about the whole meeting was the remarkable unanimity of action on everything essential. On one or two minor points there was division of opinion (as, for instance, whether the Association should officially recommend the re-establishment of the Army Canteen), but on every question of importance the house voted unanimously. One delegate—the same who, a couple of years ago, announced on the floor of the house that he had been called "the advance agent

### OPSONIC INDEX TECHNIC IMPROVED.

To the Editor of the State Journal: The technic necessary to obtain most accurate results in this fascinating line of work is difficult and the various steps present so many opportunities for error, that considerable experience is required before one can secure results valuable for purposes of comparison. The following are a few practical points which, if carefully observed, will bring more uniform results:

1.—Leukocytes concentrated: After first centrifugizing the blood in the sodium citrate solution, the "creamy" upper layer (containing many leukocytes and a few red cells) is carefully pipetted off and then washed twice in 0.85% salt solution. To avoid injuring the leukocytes in this process, it is necessary to handle the tubes very carefully. This "cream" must be used within an hour or two; the sooner the better.

2.—The serums: For the "normal" serum it is best to take equal volumes of the serum of two or more persons. With a t. b. case only two are necessary. With staphylococcic cases, four or five will suffice, while with colon bacillus cases (on account of great variations in individual colonopsonic power), ten or more will be necessary. For the gonococcus, one serum will do. All serums must be used within twenty-four hours and must be protected from the sun's rays. The earlier the serum is used, the greater will be found its opsonic power, so that in each case the same interval of time should elapse between the preparing of the serum and the mixing of it with the bacterial emulsion. If serum cannot be used right away, it is best to place it in a refrigerator, after which, however, it must be again warmed.

3.—The bacterial emulsion: The best results are had by using a fairly thick emulsion of bacteria. This is particularly true with the staphylococcus. Bottenger's method of removing clumps is very effective. In tubercle bacillus estimations the easiest method is that by which live agar cultures are used (one or two loopfuls thoroughly shaken up in 1.5% salt soln). A definite amount can be made at one time and kept in the refrigerator when not in use. Such an emulsion will remain effective for at least a week. It must be thoroughly shaken before using each day. The 1.5% salt soln. is used to inhibit spontaneous phagocytosis. Needless to say, great care should be exercised in handling the live culture.

4.—Capillary pipettis: By having them smaller in caliber (diameter of an ordinary pin) and broken off squarely, it is easier to mix the fluids thoroughly without bubbles. Avoid too small pipettes for fear of breaking up the leucocytes.

5.—Sucubate: Exactly fifteen minutes in each case.

6.—The smears: Use a drop the size of two pin-heads so that the smear will not extend to the end of the slide.

7.—Counting: Ordinarily count fifty cells indiscriminately. Where there is much variation in bacterial average, count one hundred cells, or more. It is best to count ten or twenty leucocytes along one edge of the smear and then a like number from the other edge and then change to the middle of the lower part of the smear for the remainder. Always avoid the lowermost edges of the smear.

HARRY EVERETT ALDERSON, M. D.

337 Commonwealth Ave., Boston, Mass.  
April 20, 1907.

### NOTICE!

We are now compiling the new Directory. Send all changes of address in at once.

### TUBERCULAR SYPHILIDE.

(Presented by DR. W. C. HASSLER at the Polyclinic Gathering.)

These two cases presented for your observation are tubercular syphilides. Tertiary lesions or manifestations that present to my mind three interesting points for consideration, one of which is common to both of them. The cases differ from each other in that the one shows an ulcerative destruction of the skin with considerable inflamed area surrounding the patch.

The three points are: First—That of the peculiar location of the origin of the lesion, it having started on the anterior surface of the right tibia; thereafter appearing on the scalp and gradually from thence over the entire body.

Second—The severe destructive form of the lesion occurring six years after undergoing a thorough anti-syphilitic treatment covering a period of two years, and manifesting itself about ten days after the shock and fright concurrent with the earthquake of April 18th.

Third—Peculiarity of treatment administered in that local applications, washes, dusting powders, ointments, etc., are of absolutely no value, and even the specific treatment with iodine frequently fails. The error occurs in not giving the iodides in sufficient quantities, many believing that ten to twenty grains three times a day are large doses. Their effect upon the lesions of this character will be nil, but when the dose is increased to say, forty or sixty grains three times a day, the disappearance of the lesion is manifest within two or three days. Almost immediately after administering the latter dose the itching and pain subsides, and the comfort of the patient increases daily. After experimenting with these two cases for a period of three months with topical applications of all kinds, with no success, the large doses of iodide have almost effected a cure in a period of one week.

A feature worth noting in the case showing the ulcerative destruction is that of a primary infection occurring in a member of the family, who had been caring for the patient. I am not prepared to state positively that it was brought about by the discharges from this lesion, but careful enquiry and investigation would seem to eliminate any other source of infection.

The disturbances to the stomach incident to the treatment with the large doses of iodides will be minimized by prescribing the chemically pure drug and confining the patient to regular habits, especially avoiding alcohol and acids.

### RUPTURE OF THE POSTERIOR MENINGEAL ARTERY WITHOUT FRACTURE AT THE POINT OF INJURY.

By H. A. L. RYFKOGEL, M. D.

(Read Before the Polyclinic Gathering.)

The patient, whose case I wish to report, was an Italian about 25 years old, who, on the 26th of December, leaped from a street car in an effort to save his hat, but his foot unfortunately slipped and when he fell his head struck on the rail. He became unconscious and profuse bleeding began from the nose and ear. He was taken at once to the Central Emergency and on the 27th came into my service at the City and County Hospital. At this time the bleeding from the nose had ceased, but there was a slight discharge from the right ear. His temperature was 104 deg., pulse rate 98 and respiration 30. He lay in a fairly deep stupor and paid no attention to any communication that was made to him, no matter how loud. However, he tossed from one side to another when pricked with a pin or pressure was made on the point of injury. On account of the temperature, Dr. Moffit suggested the possibility of men-